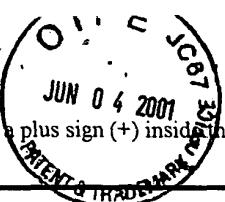


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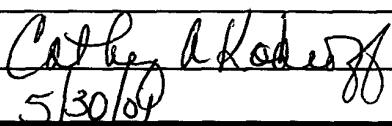
Total Number of Pages in this Submission	15	Attorney Docket Number	GHC11USA
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Response/Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Payment of Issue Fee <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p>7 pgs. Preliminary Amendment C with 6 pgs. Appendix A - Pending Claims</p>
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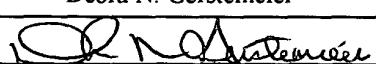
Remarks:

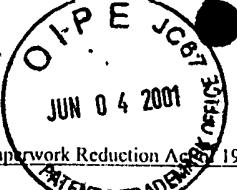
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Cathy A. Kodroff, Esquire Howson and Howson
Signature	
Date	5/30/01

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Application or Docket Number

GHC11USA

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$ 355		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	x \$ 9 =		x \$ 18 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	x 40 =		x 80 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ 135 =		+ 270 =	

* If the difference in column 1 is less than zero, enter "0" in column 2

TOTAL

OR TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
		Minus	**	=		x \$ 9 =	x \$ 18 =	x 80 =	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ 9 =	x \$ 18 =	x 80 =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x 40 =		+ 270 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									

TOTAL

ADDITIONAL FEE

OR TOTAL ADDITIONAL FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
		Minus	**	=		x \$ 9 =	x \$ 18 =	x 80 =	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ 9 =	x \$ 18 =	x 80 =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x 40 =		+ 270 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									

TOTAL

ADDITIONAL FEE

OR TOTAL ADDITIONAL FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
		Minus	**	=		x \$ 9 =	x \$ 18 =	x 80 =	
	Total (37 CFR 1.16(c))	* 44	Minus	** 44	= 0	x \$ 9 =	x \$ 18 =	x 80 =	0
	Independent (37 CFR 1.16(b))	* 7	Minus	*** 7	= 0	x 40 =		+ 270 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									

TOTAL

ADDITIONAL FEE

OR TOTAL ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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